



Village of Canal Winchester

36 South High Street
Canal Winchester, Ohio 43110

Planning and Zoning Department
Phone (614) 837-7501 Fax (614) 837-0145

SUBDIVISION APPLICATION

rev. 6/21/2010

_____ Lot Split _____ Preliminary _____ Final

PROPERTY OWNER

Name _____

Address _____

Daytime Phone _____ Email _____

APPLICANT

Name _____

Address _____

Daytime Phone _____ Email _____

ENGINEER (Must be Registered Professional Engineer in the State of Ohio)

Name & Company _____

Address _____

Daytime Phone _____ Email _____

Ohio Registration Number _____

Location of Subject Property _____

Subdivision Name _____

Number of Acres _____ Number of Buildable Lots _____ Reserve Lots _____

The submitted subdivision application shall conform with Chapter 1121 of the Canal Winchester Subdivision Regulations.

**I certify that the information provided with this application is correct and accurate
to the best of my ability.**

Property Owner's or Authorize Agent's Signature

Date

DO NOT WRITE BELOW THIS LINE

Date Received: ____ / ____ / ____

Fee: \$ _____
Paid ☐

Tracking Number: _____

P&Z Public Hearing: ____ / ____ / ____

Recommendation ____ Approval ____ Denial

Council Public Hearing: ____ / ____ / ____

Action ____ Approval ____ Denial

Expiration Date: ____ / ____ / ____

Council Ordinance No.: _____